

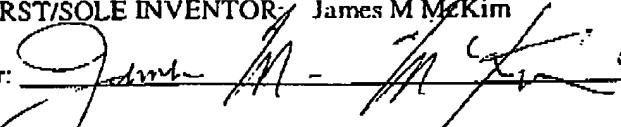
ASSIGNMENT**RECEIVED
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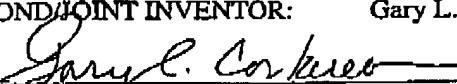
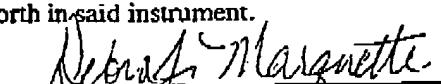
Title: Improved Toxicity Screening Method
Inventors: J.M. McKim, G. L. Cockerell
Serial No.: 09/586242 Filing Date: 06/02/00
Docket No. 6281.N Country: US
Execution Date of Application:

OCT 22 2004

As a below-named inventor, I hereby declare that:

My post office address is as stated below under my signature and I am named as inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified above. In view of valuable consideration, receipt thereof is hereby acknowledged, I do hereby assign and transfer unto PHARMACIA & UPJOHN COMPANY, a corporation of the State of Delaware having a place of business at Kalamazoo, Michigan, its successors and assigns, my entire interest in and the full and exclusive right to the INVENTIONS, the APPLICATION and all related applications (including all divisions, reissues, continuations, and extensions thereof) and all counterparts in other countries, and any and all Letters Patent (and certificates of invention or similar certificates) (herein PATENTS) which may be granted based upon the INVENTIONS or the APPLICATION or related applications or counterparts in other countries; said transfer and assignment being applicable throughout the world. I hereby authorize and request officials of patent offices in any and all countries of the world to issue any and all of the PATENTS, when granted, to PHARMACIA & UPJOHN COMPANY, its successors and assigns, as the assignee of my entire right, title, and interest in and to the same. I agree that I will communicate to PHARMACIA & UPJOHN COMPANY, or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to PHARMACIA & UPJOHN COMPANY; make all rightful oaths; and generally do everything possible to aid PHARMACIA & UPJOHN COMPANY, its successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world. I hereby authorize and request the attorneys of record in said application to insert in this assignment the execution date and/or filing date and serial number of said application when officially known.

FULL NAME OF FIRST/SOLE INVENTOR:	James M McKim
Signature of Inventor:	
Address:	8326 Colony Lane, Kalamazoo, Michigan 49009
STATE OF MICHIGAN COUNTY OF KALAMAZOO	
On <u>24 September 2002</u> , the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.	
SEAL	
Notary Public	DEBRA J. MARQUETTE
	Notary Public, Kalamazoo County, MI
	My Commission Expires 8/25/2004

FULL NAME OF SECOND/Joint INVENTOR:	Gary L. Cockerell
Signature of Inventor:	
Address:	8086 Waterwood Drive, Kalamazoo, Michigan 49004
STATE OF MICHIGAN COUNTY OF KALAMAZOO	
On <u>23 September 2002</u> , the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.	
SEAL	
Notary Public	DEBRA J. MARQUETTE
	Notary Public, Kalamazoo County, MI
	My Commission Expires 8/25/2004